

5289

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other	Date: <u>4/6/26</u>	
Establishment: <u>Planet Pizza</u>	Time In: <u>13:40</u> AM/PM	Time Out: <u>11:13</u> AM/PM
Address: <u>350 Bridgeport Ave #3</u>	LHD: <u>NVHT</u>	
Town/City: <u>Shelton</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder	Reinspection	Other



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food obtained from approved source													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Required records available: molluscan shellfish identification, parasite destruction													

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Water and ice from approved source									
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods									
Food Temperature Control									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper cooling methods used; adequate equipment for temperature control									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Plant food properly cooked for hot holding									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate									
Food Identification									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Insects, rodents, and animals not present									
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display									
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Personal cleanliness									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wiping cloths: properly used and stored									
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Washing fruits and vegetables									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.									

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food separated and protected						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food-contact surfaces: cleaned & sanitized						
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper disposition of returned, previously served, reconditioned, and unsafe food						
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooking time and temperatures						
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper reheating procedures for hot holding						
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper cooling time and temperatures						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper hot holding temperatures						
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cold holding temperatures						
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper date marking and disposition						
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Time as a public health control: procedures and records						
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Consumer advisory provided: raw/undercooked food						
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food additives: approved and properly used						
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Compliance with variance/specialized process/ROP criteria/HACCP Plan						

Person in Charge (Signature) [Signature] Date 4/6/26

Person in Charge (Printed) Diego Ferraz

Inspector (Signature) [Signature] Date 4/6/26

Inspector (Printed) Michael Delos Santos

Violations documented	Date corrections due	#
Priority Item Violations	<u>C.O.S</u>	<u>1</u>
Priority Foundation Item Violations		
Core Item Violations	<u>7/6/26</u>	<u>41</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>9</u>
Requires Reinspection - check box if you intend to reinspect		<u>No</u>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD NUHS

Inspection Report Continuation Sheet

Date 4/6/26

Establishment Planet Pizza

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sausage/Bain marie	41°F	Chicken wings/Lobby cooler	41°F		
Chicken Diced	41°F	Meatballs	40°F		
Tomatoes	41°F	Raw chicken	36°F		
Ham	41°F	Cheese/2 Door cooler	39°F		
Cheese	41°F	Lusagna/DNE door cooler	38°F		
Chicken/2 Door cooler	42°F	Pasta/2 Door cooler	38°F		
Chicken wings/walk-in	41°F				
Pasta	42°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number

CFPM - on-site - Diego Ferraz

- C40 - Food worker not wearing hair restraint
- P24 - Pizza not label for time in lieu of temp - COS - Pizza was label
- C41 - using towel underneath cutting board
- C39 - Food store on the floor in storing area for dry food
- C38 - using fly glue strips in kitchen area
- OK - Sanitizer in 3 buy and bucket at 100ppm - Bleach
- Bathroom
- Dumpster
- OK - Observed hand washing
- OK - observed use of gloves

Person in Charge (Signature)

Date

Inspector (Signature)

Date